



Histoplasma Antibody Complement Fixation and
Immunodiffusion, Serum

Patient ID SA00167348	Patient Name TESTING, HISER_NORMAL	Birth Date 2003-01-01	Sex F	Age 21
Order Number SA00167348	Client Order Number SA00167348	Ordering Physician CLIENT,CLIENT	Report Notes	
Account Information C7028846 DLMP Rochester		Collected 25 Mar 2024 12:13		

Histoplasma Ab CompFix/ImmDiff, S

Histoplasma Yeast CompFix, S

Negative

SDL

Reference Value
Negative

Histoplasma Immunodiffusion, S

Negative

SDL

Reference Value
Negative

A negative complement fixation and immunodiffusion (CF/ID) result does not exclude the diagnosis of histoplasmosis. Repeat testing by CF/ID in 1–2 weeks if clinically indicated.

Received: 26 Mar 2024 13:16

Reported: 26 Mar 2024 13:27

Performing Site Legend

Code	Laboratory	Address	Lab Director	CLIA Certificate
SDL	Mayo Clinic Laboratories - Rochester Superior Drive	3050 Superior Drive NW, Rochester MN 55905	William G. Morice M.D. Ph.D.	24D1040592